

**Maine Summit on Sub-State Pandemic Influenza Preparedness
Breakout Summaries**

Androscoggin, Franklin, Oxford

<p style="text-align: center;">WHO</p> <p style="text-align: center;">Who should convene regional Pandemic Influenza planning?</p>	<p style="text-align: center;">WHAT</p> <p style="text-align: center;">What key issues need to be addressed?</p>	<p style="text-align: center;">WHEN</p> <p style="text-align: center;">What are immediate next steps needed to to develop a plan by June, 2006?</p>
<p>No agreement on leader/convenor for local planning</p> <ul style="list-style-type: none"> • Support for Regional Epidemiology with County EMA as partner to public health • RRC Mentioned - Not viewed as strong leader. Stated lack of community leader and elected official support for RRC structure. Acute care centers should not assume role of planning leader <p>Desired Characteristics of Planner:</p> <ul style="list-style-type: none"> • Invite participation • Resource for meetings • Knowledge base of pandemics • Reputation as collaborator • Multi-disciplinary approach • Understand Incident Command <p>Structure and guidance needed from MCDC.</p> <ul style="list-style-type: none"> • MeCDC should assume the leadership role utilizing MEMA as the coordinator of activities statewide, establishing Unified Command. 	<p>Definition of Leadership Command and Control</p> <ul style="list-style-type: none"> • MCDC should define local leaders • MCDC will need to guide/direct public safety personnel in a pandemic • Clarify state and local roles <p>Communication</p> <ul style="list-style-type: none"> • Redundant communication is key • Consistent and ongoing public health messages to providers and the public are critical • Develop communication plan including pre-prepared messages • Confront privacy issues/confidentiality • Determine communications methods • Address multi-lingual and special needs populations • Define quarantine policies and protocol • Message should be consistent and Coordinated 	<p>Define and Establish Planning Structure (Action Item)</p> <p>Define and Invite Key Stakeholders including those not represented at Summit: (Action Item)</p> <p>Establish Priorities and Available Resources (Action Item)</p> <ul style="list-style-type: none"> • Utilize Federal guidelines • Identify critical services • Border Issues • Triage Issues • Supply and Services Issues • Institutional Preparedness (I.e. Corrections) <p>Convene Planning Group: (Action Item)</p> <ul style="list-style-type: none"> • Determine availability of planning resources • Establish Timeline • Establish Workgroups

<p>Regional Definition for Sub-state planning/ response</p> <ul style="list-style-type: none"> • No structure stands out as ideal • Regions are not defined • EMS structure works well • EMS County Structure • RRC for medical response • Regional definition is key to determine players 	<p>Community Containment</p> <ul style="list-style-type: none"> • Utilizing existing resources, educate public on concepts of containment and quarantine to avoid panic • Build networks of agencies to develop community/neighborhood teams that would assist efforts • Concerns for compliance and enforcement of isolation/quarantine <p>Engage Key Stakeholders</p> <ul style="list-style-type: none"> • Identify all key players • Find un-tapped resources • Define what guidance and resources are needed from State • Engage stakeholders early on <p>Define Details of Pan Flu Planning/ Response Components</p> <ul style="list-style-type: none"> • Vaccine and Antiviral delivery <ul style="list-style-type: none"> - Rationing? - Distribution criteria - Priority Groups • Surveillance • Community Containment 	
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